

Anna B. Bellinger
 Town County

MARYLAND

Died at *Union Mills**Leann*

Date 19	03	Month	Day	Age	Y.	M.	D.	Native of	Occupation
		<i>Dec</i>	<i>14</i>	<i>39</i>	<i>8</i>	<i>29</i>		<i>Maryland</i>	<i>Housewife</i>
		Male		Married				Widow	Divorced
		Female		Single				Widower	Number of children living <i>Two</i>

Husband of *John Bellinger*
 Wife *John Bellinger*

Father's Name *Samuel East* Mother's Maiden Name *Mandelia Little*

Cause of	Primary	How long sick
		<i>Six months</i>
Death	Immediate	Accident, Suicide, Homicide
	<i>Tuberculosis</i>	

Reported by *Edward Gust Undertaker*Address *Union Mills Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Askins

Died at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date 1903 Dec 24

Age 2 hours

Native of

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~

Divorced

Female

Colored

Single

~~Widower~~

Number of children living

infant child

Husband of

Wife

Father's Name

Chas Askins

Mother's

Maiden Name

Annie Cook

Cause of

Primary

Heart Malformation

How long sick

Death

Immediate

Syncope

Accident, Suicide, Homicide

Reported by

Daniel B Spracher

Address

Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

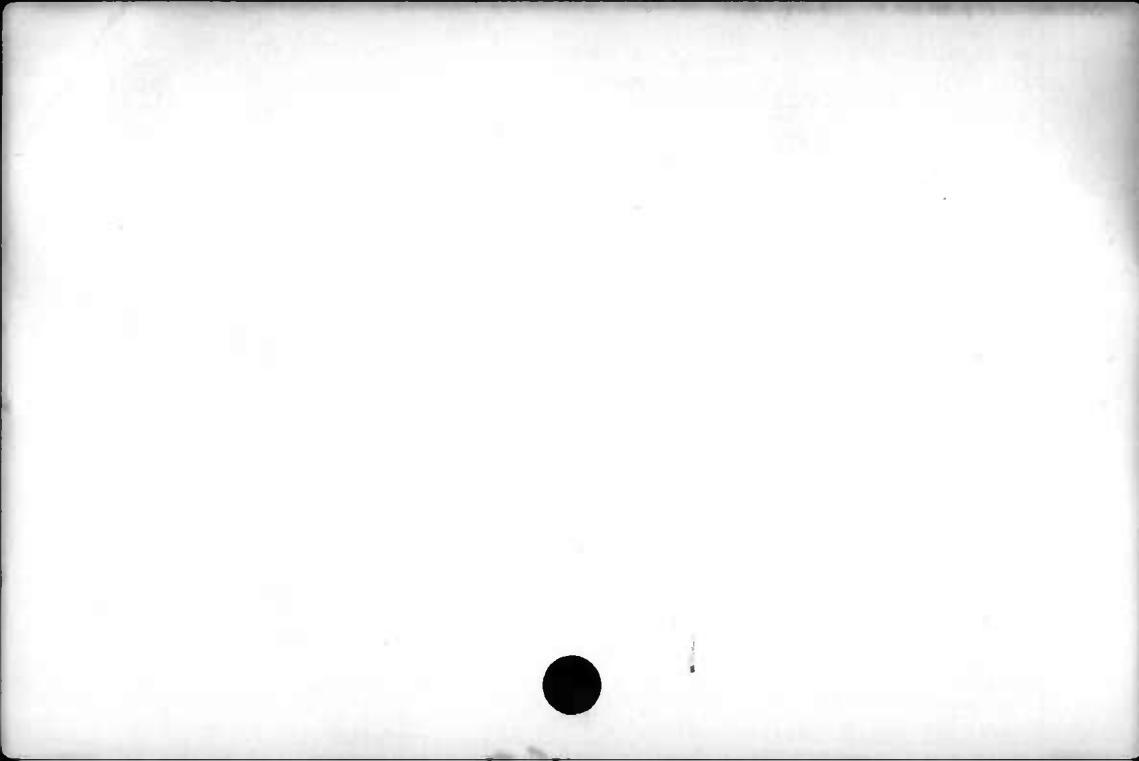
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary A. Austin</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Date of death <i>1903</i>		Month <i>12</i>		Day <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>83</i>		Months <i>6</i>	
Occupation <i>Religious Housewife</i>		Birth-place <i>Hampstead</i>		Days <i>13</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Widowed</i>		Name of Husband <i>Ferdinand Austin</i>		Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace		Name of person giving Information <i>Mrs John H. Inail</i>		How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Aged age</i>		How long <i>2 yrs.</i>	
Immediate <i>Atherosclerosis</i>		How long <i>3 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edgar M. Bush M.D.</i>	
Accident or Suicide?		Address <i>Hampstead, Md</i>	



Name in Full

Certificate of Death

435 George H Barnes

Town

County

Died at *Gambier**Carroll*

MARYLAND

Date *1903* *Dec* *30* Month *Dec* Day *30* Y. *53* M. *7* D. *-* Native of *Ind* Occupation *Farmer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Widower ☐ Number of children living *4*

Husband of *Eliza Wilson*Father's Name *Henry Barnes*Mother's Name *Mary Smith*

Cause of Death { Primary *Cerebral hemorrhage*
 Immediate *Paralysis*

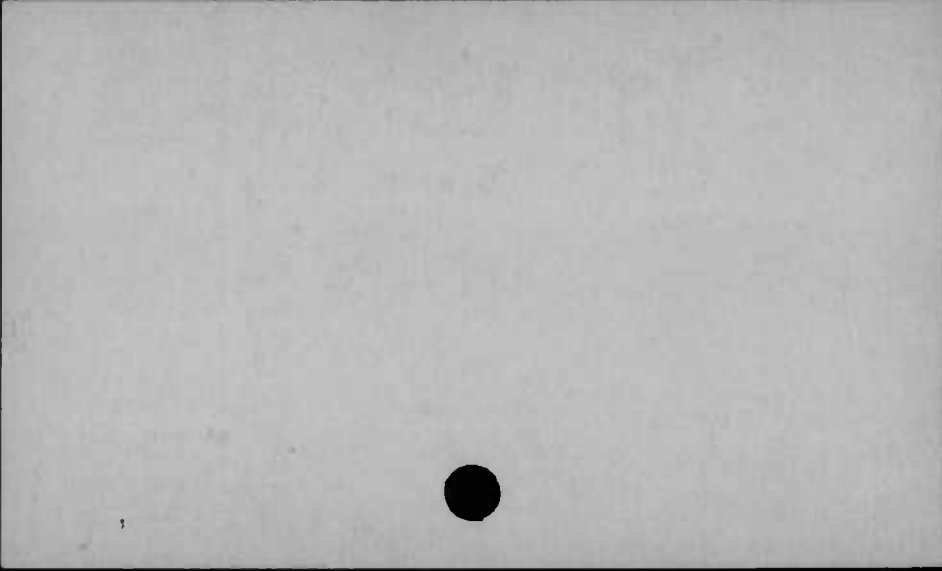
How long sick *5 days*

Accident, Suicide, Homicide

Reported by *Dr. J. L. Coranck*Address *Gambier Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Lewis C. Bellison

Town

County

Died at

MARYLAND

near Gist Carroll

Date 1903 12-1- 31-10-15 md.

Month Day Y. M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband
of
Wife

Father's Name Milton Bellison Mother's Name Sarah Bellison

Cause of Death { Primary Consumption How long sick 1 yr.

Death { Immediate Consumption Accident, Suicide, Homicide

Reported by J. C. Walz & Son, F. D & E.

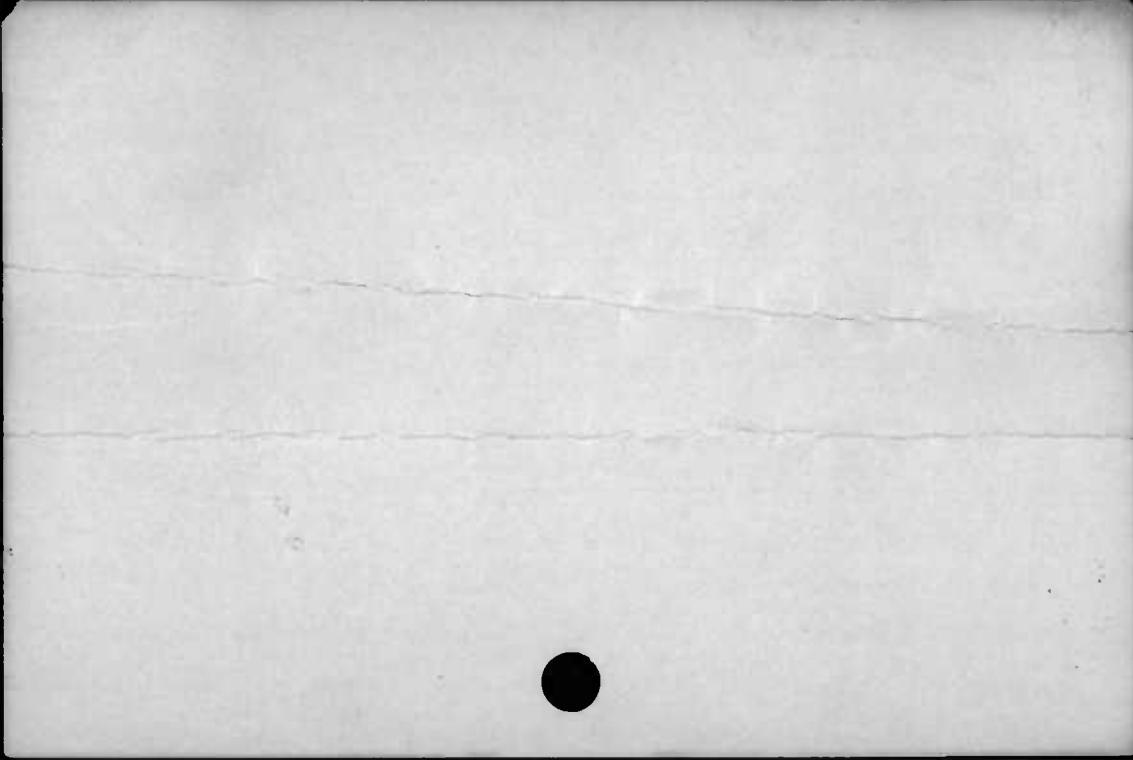
Address Winfield md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name in Full		Eliza Bowman				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Tomb		County		MARYLAND		
	Date of death	1903	Month	Dec.	Day	3	Age	72
	Sex	Female		Color or Race	Colored		Birth-place	Md.
	Occupation	Housekeeper		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband	George Bowman			
	Father's Name					Father's Birthplace		
	Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	George Bowman				How related to deceased	Husband		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Old age				How long		
	Immediate	Pneumonia				How long	about one week	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	S. N. Gorsuch		
					Address	Tomb, Md.		
	Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

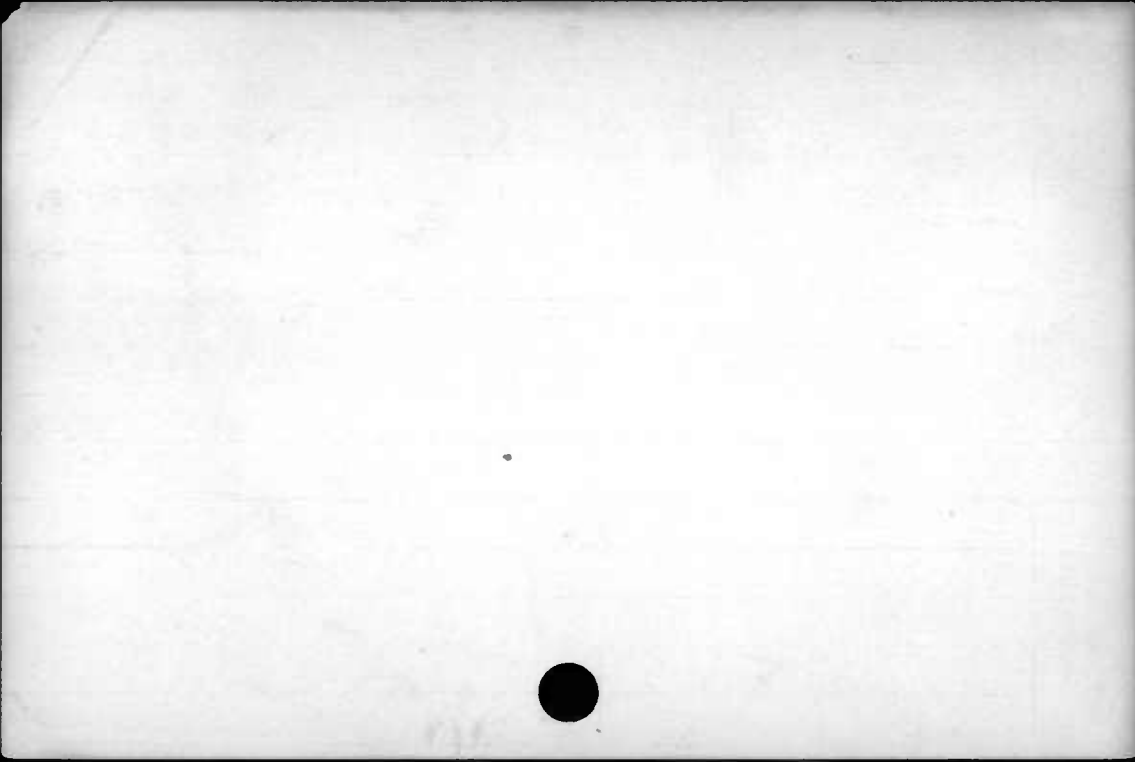
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1903	Month <i>12</i>	Day <i>1</i>	Age <i>67</i>	Years	Months <i>8</i>	Days <i>19</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	
Married, single or Widowed	<i>Married</i>			Occupation			<i>Laborer</i>
Name of Wife or Husband	<i>Ruth A. Callender</i>						
Father's Name	<i>[Signature]</i>					Father's Birthplace	<i>[Signature]</i>
Mother's Maiden Name	<i>[Signature]</i>					Mother's Birthplace	<i>[Signature]</i>
Name of person giving In formation	<i>Rosa B. Callender</i>					How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>		How long	<i>4 wks.</i>
Immediate	<i>[Signature]</i>		How long	<i>[Signature]</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		
Signature of Physician		<i>Edgar M. Bush MD</i>		
Address		<i>Hampstead, Md</i>		
Accident or Suicide?		<i>[Signature]</i>		



Name in Full

Certificate of Death

Libbey Chronister

Died at ^{Town} Sykesville^{County} Carroll

MARYLAND

Date ¹⁹⁰³ 3 Dec 28 Age 48 Y. 5 M. D. - Native of Md Occupation none~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of _____

Wife

Father's Name Michael M. Chronister Mother's Name Susana Galloway

Cause of Death { Primary Pneumonia Immediate Heart Syncope How long sick 6 days

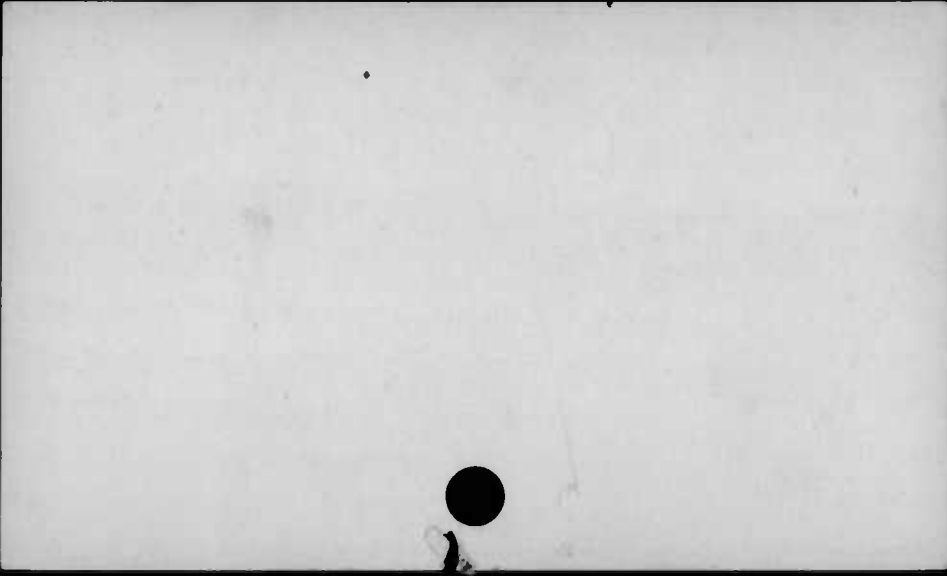
Accident Suicide Homicide

Reported by Daniel B. Shreever

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full

Certificate of Death

Michael^M ChronisterDied at ^{Town} Syboesville ^{County} Carroll MARYLANDDate 1903 ^{Month} Dec ^{Day} 28 ^{Y.} 89 ^{M.} 11 ^{D.} ^{Native of} Pa ^{Occupation} Blacksmith

Male	White	Married	Widow	Divorced	Number of children living 4
Female	Colored	Single	Widower		

Husband of Susan Galloway Chronister

Wife

Father's Name Thaddeus Chronister

Mother's Name Sarah Galloway Heiner

Maiden Name

Cause of Death { Primary Senile Arterial Sclerosis
Immediate Failure of Brain

How long sick 4 years

Accident, Suicide, Homicide

Reported by Daniel B. Strecher

Address Syboesville Md -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Lydia L. Crabbs

Town

County

Died at

MARYLAND

Date 1963

Month Day

Y. M. D.

Native of

Occupation

12.14

Age 78 7/12

Md

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Edwin C. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital</i>		Town <i>Springfield</i>		County <i>Barroll</i>		State <i>MARYLAND</i>	
Date of death	<i>1903</i>	Month <i>12</i>	Day <i>7</i>	Age <i>39</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Occupation <i>Hardware Merchant</i>	Where Residing if not at place of death <i>Springfield Hospital</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Mary Love</i>						
Father's Name <i>Jno. R. Dorsey</i>	Father's Birthplace <i>Md.</i>						
Mother's Maiden Name <i>Evelina</i>	Mother's Birthplace <i>Md.</i>						
Name of person giving information <i>Harry C. Dorsey</i>	How related to deceased <i>Brother</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Parens</i>	How long	
Immediate <i>Chronic Cystitis - Pelvic abscess</i>	How long	<i>40 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas J. Carey</i>	
	Address <i>Springfield Md</i>	
Accident or Suicide?		



Name In Full

Certificate of Death

Anna Mary Caroline Eyler D Gardner

Died at *Harney* ^{Town} *Carroll* ^{County} MARYLAND

Date 1903 *12* *2* Month Day Age *79* *3* *19* Y. M. D. Native of *Ind* Occupation *Housewife*

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

~~7~~

Husband of *Perry Eyler*

Father's Name *Peter Warrenfeltz* Mother's Name *A. M. C. Warrenfeltz*

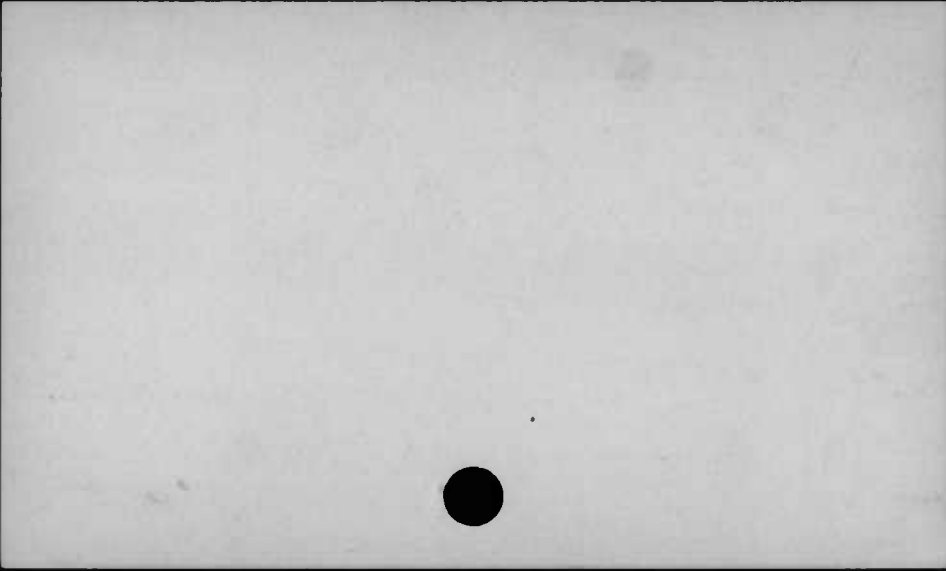
Cause of Death Primary *Pneumonia* How long sick *3 Weeks*

Death Immediate *Pulmo-Hemorrhage with Exhaustion* Accident, Suicide, Homicide

Reported by *Harry Gardner M.D.*

Address *Harney Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

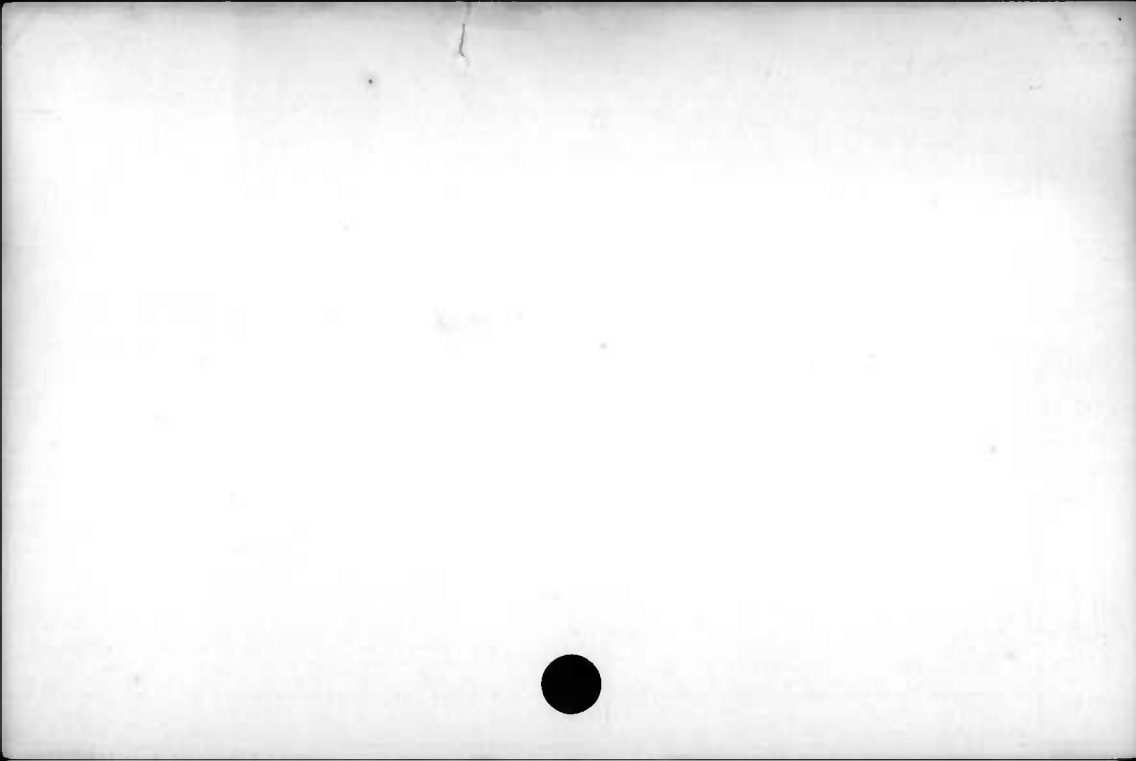
MARYLAND

Died at <i>D. O. Creek.</i>		Town <i>D. O. Creek.</i>		County <i>Carroll</i>			
Date of death 190	<i>3</i>	Month <i>Dec.</i>	Day <i>25</i>	Age <i>55</i>	Years <i>6</i>	Months <i>-</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White, Am.</i>		Birth-place <i>Fredk. Co., Md.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Section Foreman & farmer</i>						
Name of Wife or Husband <i>Lydia Ann Hance</i>							
Father's Name <i>John Jesus Eyles</i>		Father's Birthplace <i>Fredk. Co. Md.</i>					
Mother's Marden Name <i>Catherine Strine</i>		Mother's Birthplace					
Name of person giving information <i>D. V. & C. C. Eyles</i>		How related to deceased <i>Sons.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mental trouble</i>	How long <i>2 months.</i>
Immediate <i>Suicide</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>C. H. Diller.</i>
	Address <i>D. O. Creek.</i>
Accident or Suicide? <i>Suicide</i>	<i>Maryland.</i>



Name in Full

Certificate of Death

Catherine Jane Jess.

Town

County

Died at

MARYLAND

Date 19 13.

Month

Day

Y.

M.

D.

Native of

Occupation

12-6

Age

42.5.6

Md.

Housewife.

~~Male~~

White

Married

~~Widow~~

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

10-

~~Husband~~

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

3 wks.

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

Address

C. W. Weaver M.D.
Lanney, Toron
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name in Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sarah Knudsen

Died at

Leinborgs

Town

County

Carroll

MARYLAND

Date

of death 1903

Month

Dec

Day

8

Age

Years

78

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

York Co Pa

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
Husband~~Sarah Knudsen~~Father's
Name

George Stanner

Father's
Birthplace

York Co

Mother's
Maiden Name

Magge

Mother's
Birthplace

" "

Name of person giving
Information

S. R. Markel

How related
to deceased

Son law

CAUSES OF DEATH

Primary

Disease of Heart

How long

about 8 Weeks

Immediate

Drop

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

E. B. A. Bangs M.D.

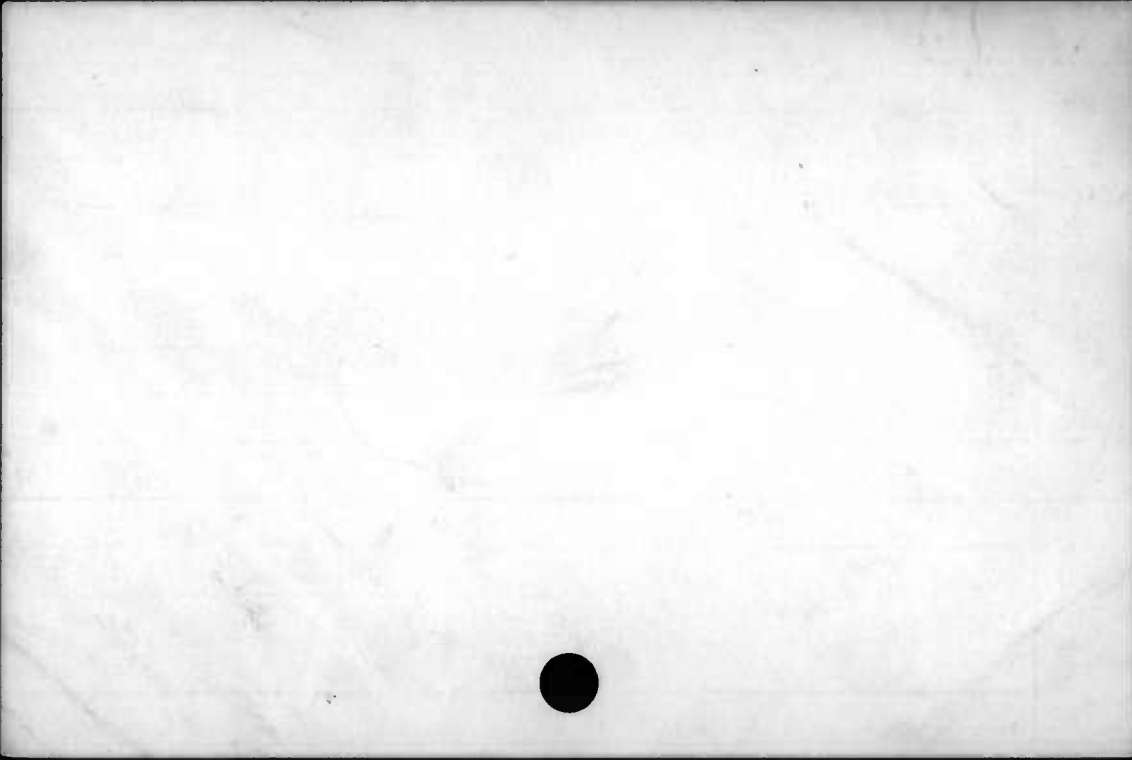
Address

Glen Rock

Accident or Suicide?

R. F. D. #1, Penna

PHYSICIAN
OR CORONER



Name
in
Full

William H. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Date of death <i>1903</i>	Month <i>Dec.</i>	Day <i>13</i>	Years <i>24</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Clara Hill</i>				
Father's Name <i>Andrew Hill</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Rebecca Williams</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Andrew Hill</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Congestion of Lungs</i>	How long	<i>5 days</i>
	<i>Dislocation of Dorsal Vertebrae</i>	How long	<i>a few hours</i>
Immediate	<i>Dyspnoea</i>		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas. R. Foutz</i>
		Address	<i>Westminster Md.</i>
Accident or Suicide?	<i>Accident</i>		

Not Olinet.

Name
in
Full

CERTIFICATE OF DEATH

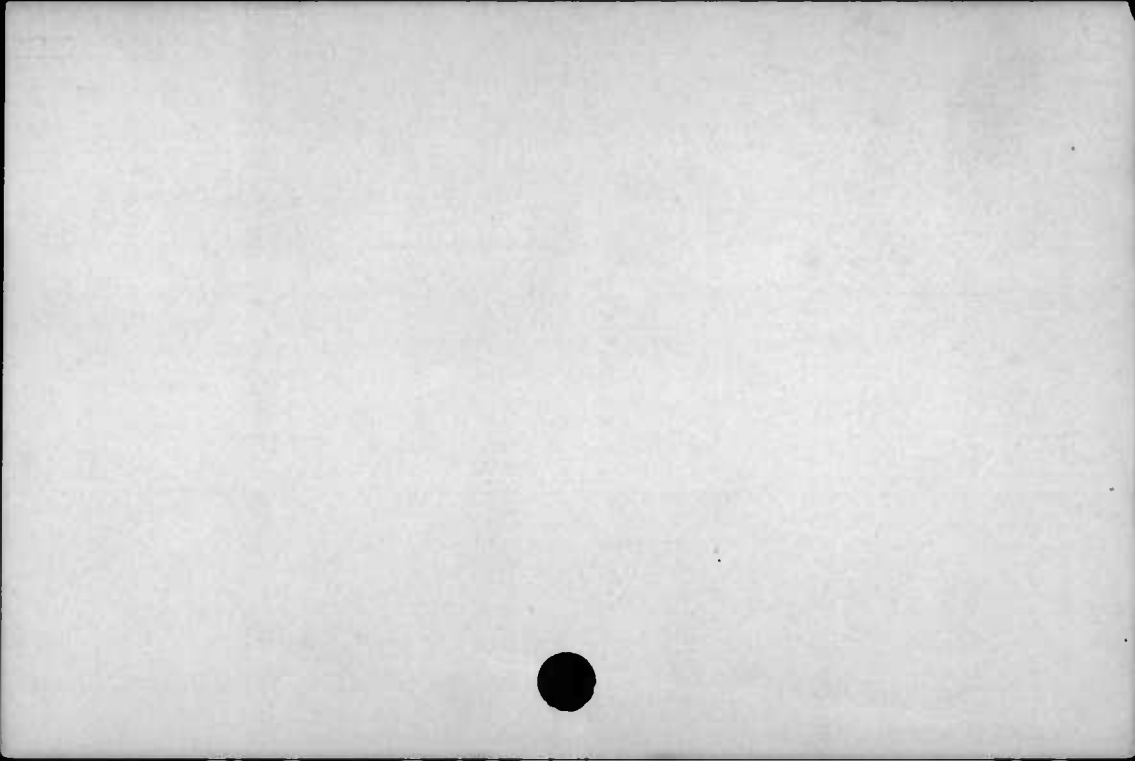
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George Kelly</i>		Town <i>Bartholomew</i>		County <i>Carrroll</i>		MARYLAND	
Died at <i>Bartholomew</i>		Month <i>12</i>		Day <i>17</i>		Age <i>83</i>	
Date of death <i>1903</i>		Month <i>12</i>		Day <i>17</i>		Age <i>83</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Bartholomew</i>			
Occupation <i>farmer</i>		Where Residing if not at place of death <i>at Place of death</i>					
Married, Single or Widowed <i>widowed</i>		Name or Wife or Husband <i>Sarah E Kelly dec</i>					
Father's Name <i>Wm Kelly dec</i>		Father's Birthplace <i>Bartholomew</i>					
Mother's Maiden Name <i>Dorothy Ann</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Elmer Kelly</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>2 years</i>
Immediate <i>General Debility & Heart failure</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo E Bolte MD</i>
	Address <i>Harrisonville Md</i>
Accident or Suicide? <i>—</i>	



Mary Alice L. Lester

Town

County

Died at

Roxville

Carroll

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
3	Dec	26	40	11	13	Maryland	Housewife
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower			Number of children living	3

Husband
Wife of

James A Lester

Father's
Name

Michael S Bullock

Mother's
Name

Mandela Hoover

Cause of

Primary

Apoplexy

How long sick

Instantly

Death

Immediate

Accident, Suicide, Homicide

Reported by

L. H. Sherman M.D.

Address

Manchester Carroll Co Md



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4/34 *George F. Lynch* Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1903 Dec 20 -* Age *39 -* Months *1 -* Days

Sex *Male* Color or Race *White* Birth-place *Westminster*

Occupation *Laborer* Where Residing if not at place of death *Home*

Married, Single or Widowed *Married* Name or Wife or Husband *Rosenbergs*

Father's Name *Edward Lynch* Father's Birthplace *Westminster*

Mother's Maiden Name *Maggie Spindall* Mother's Birthplace *Carroll Co.*

Name of person giving information *J. S. Mathias* How related to deceased *By Marriage*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *7 days*

Immediate *Heart Failure* How long *Sec*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. S. Mathias*

Address *Westminster Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Died at *Charles E W Ogg*
East View Town*Carroll* County

MARYLAND

Date

of death 190

3

Month

dec

Day

23

Age

Years

21

Months

8

Days

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*Single*

Occupation

*Farmer*Name of Wife or
HusbandFather's
Name*George W Ogg*Father's
Birthplace*Maryland*Mother's
Maiden Name*Laura L Williams*Mother's
Birthplace*do*Name of person giving
in formation*Harfield Ogg*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Milliary Tuberculosis

How long

one year

Immediate

Exhaustion

How long

*6 weeks*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Wm D Wells*

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

San Francisco



Name
in
Full

Kate Schenkke

CERTIFICATE OF DEATH

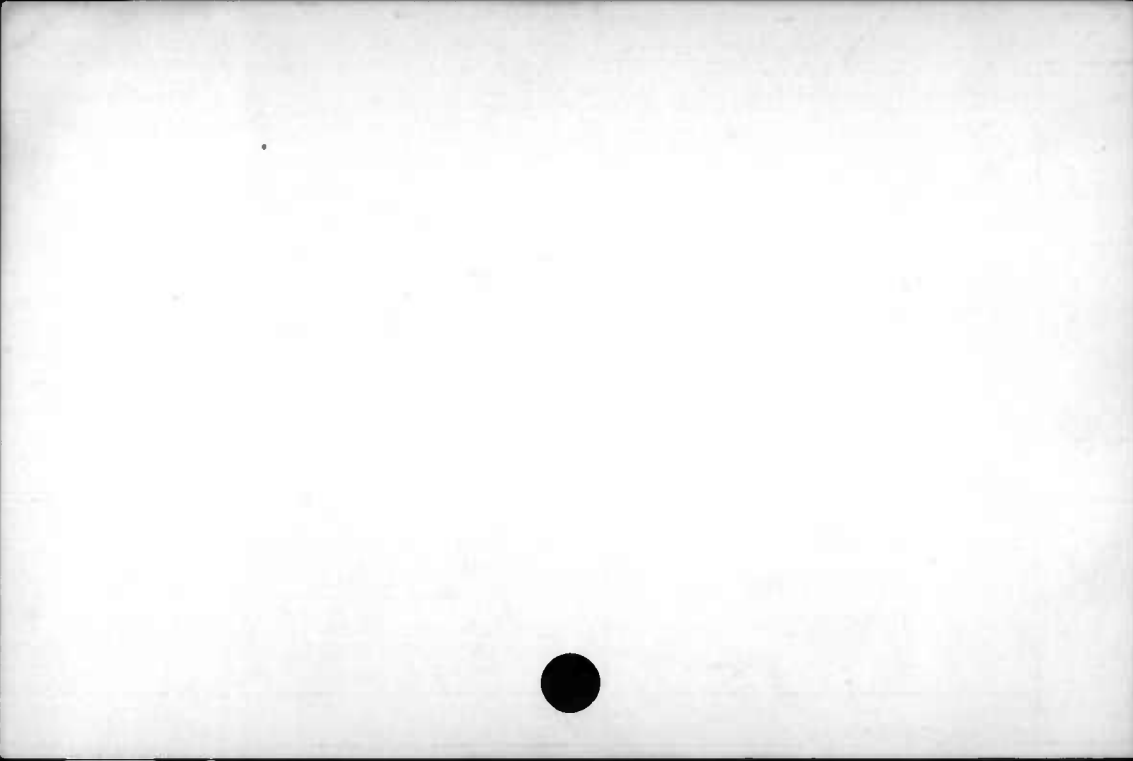
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sykesville</i> Town			<i>Carroll</i> County		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>17</i>	Age <i>58</i> Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>			
Name of Wife or Husband <i>-</i>						
Father's Name <i>Philip Schenkke</i>			Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>Not known</i>			Mother's Birthplace <i>Germany</i>			
Name of person giving information <i>Mrs C. Baron</i>			How related to deceased <i>Niece</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>over 1 1/4 years</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital, Sykesville, Carroll Co. Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

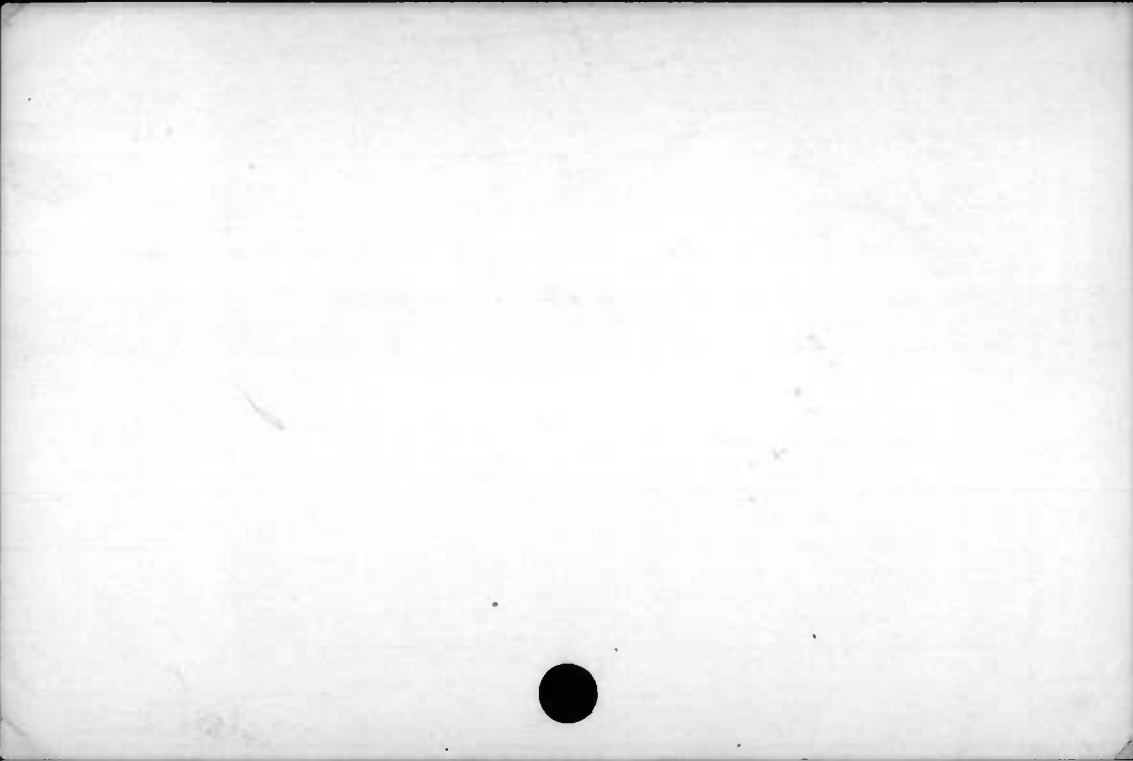
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death 1905	12	1	71		7	18	
Sex	Color or Race		Birthplace				
Female	White						
Married, Single or Widowed	Occupation						
Married	Housewife						
Name of Wife or Husband	David Shaffer						
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information					How related to deceased		
				19			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular lesion of Heart-	How long	Two yrs
Immediate	Heart failure	How long	Instant death
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. H. Reddon M.D.
		Address	Manchester Md
Accident or Suicide?			



Name

in
Full

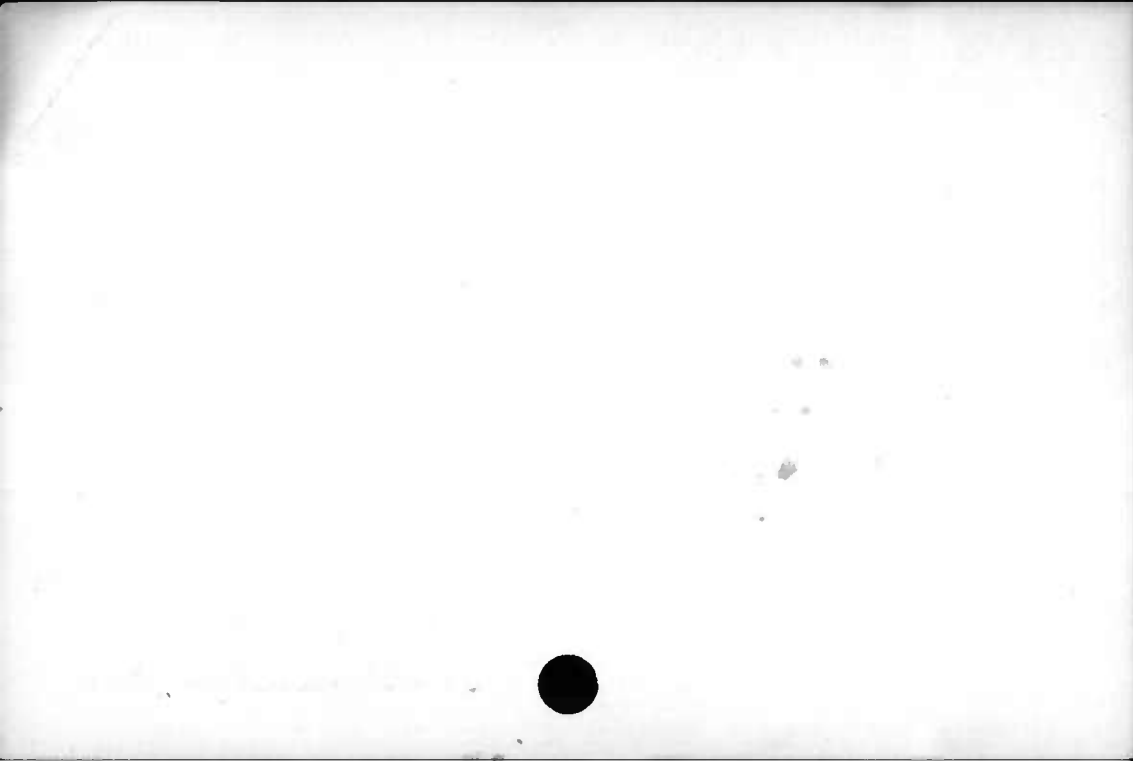
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Clara Christina Smith</i>		Town <i>Hampstead</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Hampstead</i>		Month <i>12</i>		Day <i>5</i>		Years <i>83</i>	
Date of death <i>1903</i>		Months <i>1</i>		Days <i>1</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Brunn, Germany</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>2 miles from</i>					
Married, Single or Widowed		Name of Wife or Husband <i>John Smith</i>					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving Information <i>Mrs John Brunnel</i>		How related to deceased <i>Daughter</i>					
CAUSES OF DEATH							

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>		How long	
Immediate <i>Pneumonia Lobar (Double)</i>		How long <i>3 wks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edgar M. Bush M. D</i>	
		Address <i>Hampstead, Md</i>	
Accident or Suicide? <i>_____</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

433 Ruben A Smith

Died at ^{Town} near Patahseo		^{County} Carroll		MARYLAND	
Date of death	1903	Month	Dec	Day	19
Age		Years	73	Months	4
Sex		Male	Color or Race	White	Birth-place
Occupation		Farmer			
Where Residing if not at place of death		Maryland			
Married, Single or Widowed	Married	Name of Wife	Ann. Rebecca Taylor		
Father's Name	Least Known			Father's Birthplace	
Mother's Maiden Name	"			Mother's Birthplace	
Name of person giving Information	Jesse Taylor			How related to deceased	66

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralytic	How long	Week
Immediate	Heart Trouble	How long	3 years
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Wm D Wells M.D		
	Address		
	Westminster Md		
Accident or Suicide?			

Shaner

Bethel Church

Name
in
Full

Sarah E Snyder

CERTIFICATE OF DEATH

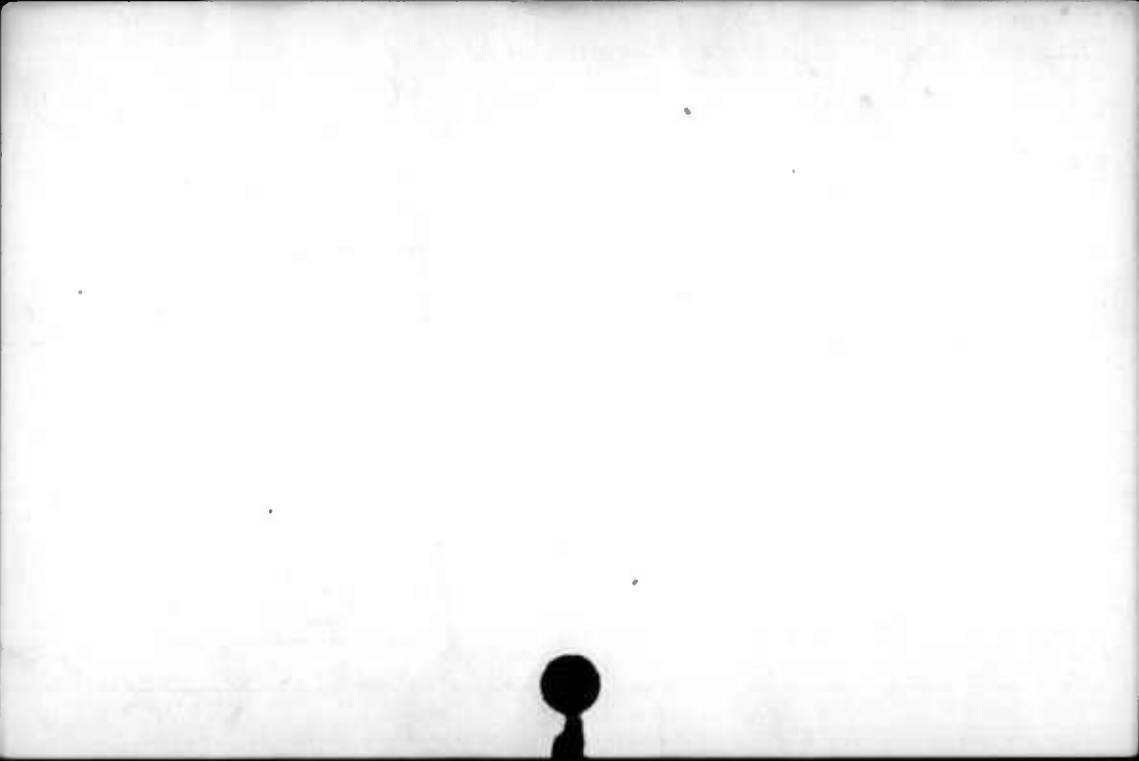
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Taneytown</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Dec</i>	Day <i>31</i>	Age <i>64</i>	Months <i>10</i>	Days <i>7</i>
Sex <i>Female</i>	Color <i>white</i>		Birth-place <i>Johnsville Md</i>		
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married Single <i>Single</i>	Name of Wife or Husband <i>No</i>				
Father's Name	<i>Snyder</i>		Father's Birthplace <i>Unonville Md</i>		
Mother's Maiden Name <i>Phoebe Haines</i>			Mother's Birthplace <i>Unonville Md</i>		
Name of person giving Information <i>Jas D Haines</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Paralysis</i>	
Immediate	How long
	<i>Immediate death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Co. N. Weaver M.D.</i>
	Address <i>Taneytown Md.</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jefferson A. Stugleman

Died at *Sykesville* Town *Carroll* County

MARYLAND

Date of death 190*3* Month *Dec.* Day *9th* Age *74* Years Months DaysSex *Male* Color or Race *White* Birth-place *Maryland*Married, Single or Widowed *Widower* Occupation *Brick Layer*Name of Wife or Husband *Unknown*Father's Name *Unknown* 66 Father's Birthplace *Balto Md.*Mother's Maiden Name *Unknown* Mother's Birthplace *Balto Md.*Name of person giving information *R. M. Bruns. M. D.* How related to deceased *Physician*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Senility. Paralysis.*

How long

Immediate *Hepastatic Pneumonia*How long *3 wks.*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*R. M. Bruns. M. D.**Springfield Hall Hospital.**Sykesville. Carroll Co. Md.*

Accident or Suicide?



Name
in
Full

Christiana M. Summers

CERTIFICATE OF DEATH

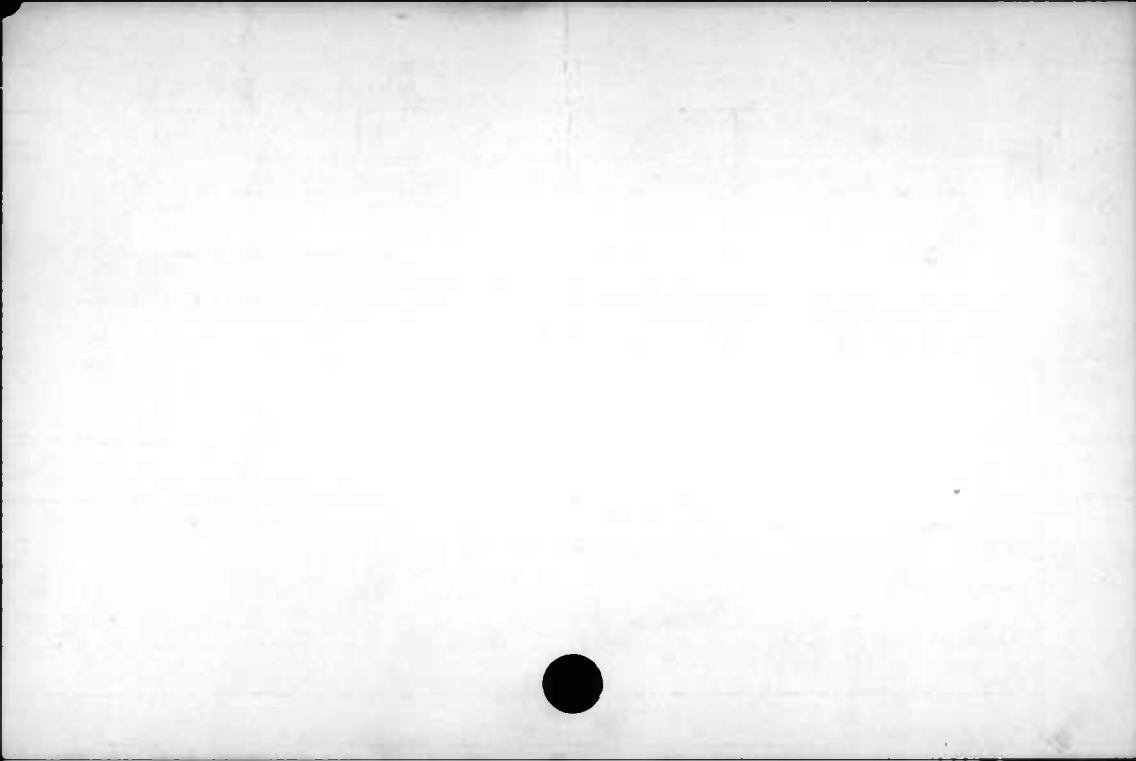
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Springfield Hospital, Sykesville</i>		Town <i>Sykesville</i>		County <i>Carroll</i>		MARYLAND	
Date of death 1903	Month <i>12</i>	Day <i>24</i>	Age <i>62</i>	Years	Months <i>2</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pa.</i>				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Jacob V. Summers</i>							
Father's Name <i>Henry Gandis</i>		Father's Birthplace <i>Pa.</i>					
Mother's Maiden Name <i>Christina Hocker</i>		Mother's Birthplace <i>Pa.</i>					
Name of person giving information <i>Jacob V. Summers</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>	How long <i>4 months -</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield Hospital, Sykesville</i>
Accident or Suicide? <i>No</i>	<i>Carroll County, Md.</i>



Hattie Mabel Hampler

Town

County

MARYLAND

Died at *Manchester Disch**Carroll*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *03**Dec 21*

Age

*9 6 25**Md.**none*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name *Lewis Hampler*

Mother's

Maiden Name

Ida Alice Zeff.

Cause of

Primary

Acute Gastritis

How long sick

2 das

Death

Immediate

Convulsions & Coma

Accident, Suicide, Homicide

Reported by

John S. Ziegler M.D.

Address

Melrose Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samuel R. Waybright

CERTIFICATE OF DEATH

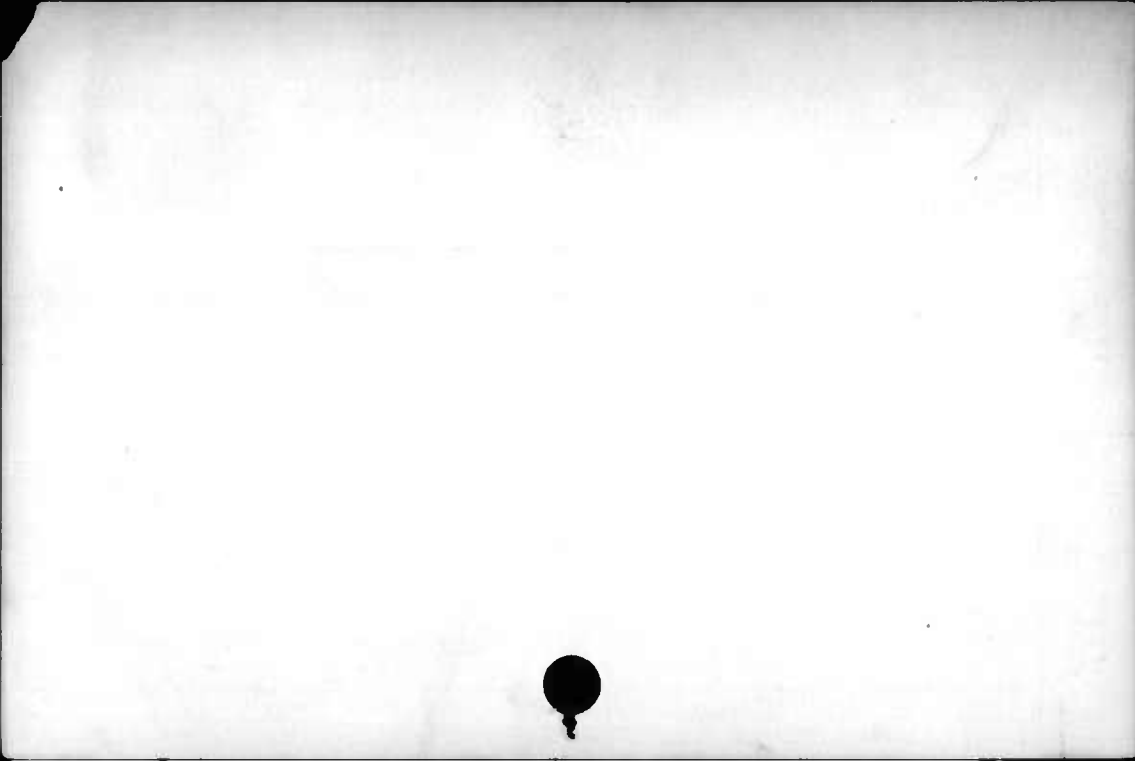
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brueville</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death <u>1903</u>	Month <u>12</u>	Day <u>27</u>	Age <u>1</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Brueville</u>		
Occupation <u>None</u>	Where Residing if not at place of death <u>Home</u>				
Married , Single		Name of Wife or Husband			
Father's Name <u>Samuel Waybright</u>			Father's Birthplace <u>Harney</u>		
Mother's Maiden Name <u>Anna Reifanider</u>			Mother's Birthplace <u>Brueville</u>		
Name of person giving Information <u>C. C. Fuss</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Communicating Difficulties</u>	How long <u>2 weeks</u>
<u>Convulsions</u>	How long <u>1 day</u>
Immediate	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. W. Moore</u>
	Address <u>Tarrytown, Md</u>
Accident or Suicide? <u>.</u>	



Name in Full

Certificate of Death

Mary Ann Wilson

Died at ^{Town} near Tyron

County Carroll

MARYLAND

Date 19 03 12 29 | Age 72. 6 23 | Native of Md. | Occupation Retired

~~Male~~ ^{Female} ~~White~~ ^{Colored} ~~Married~~ ^{Single} ~~Widow~~ ^{Widower} ~~Divorced~~

Number of children living

Wife of David Wilson

Father's Name George Eckard

Mother's Name Mary Ann Eckard.

Maiden Name

Cause of Death { Primary Heart disease & pleurisy
Immediate Exhaustion.

How long sick 5 months

Accident, Suicide, Homicide

Reported by

F. H. Series.

Address

Pawcettown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Evelyn E. Worthington

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

Y.

M.

D.

Native of

Occupation

Dec

14

Age

18

U.S.

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Engleam Worthington

Mother's

Name

Clara M. Carson

Cause of

Primary

by anoxia

Death

Immediate

by anoxia

How long sick

3 days

~~Accident, Suicide, Homicide~~

Reported by

R. B. Hallie MD

Address

Hamstead Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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